

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X	
1. Article Addressed to: <b>WASLO</b>		B. Received by (Printed Name) C. Date of Delivery	
Chase PO Box 183166 Columbus, Ohio 43218		D. Is delivery different from item 1? <input type="checkbox"/> Yes If YES, give delivery address below: <input type="checkbox"/> No <b>Chase</b> <b>340 S. Cleveland Ave.</b> <b>Columbus, OH</b>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 2970 0003 0926 0203	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

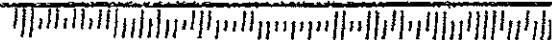
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

THE DANN LAW FIRM CO. LPA  
PO BOX 6031040  
CLEVELAND, OH 44103



PLAINTIFF'S  
EXHIBIT

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